LOUISIANA BOARD OF ETHICS DISCLOSURE STATEMENT PURSUANT TO LSA-R.S. 42:1119B(2)(b)

O to

STATE OF LOUISIANA PARISH OFFRANKLIN	
I. <u>WOODROW BELL</u> , residing at <u>1105 Harris Street</u> , Witnesbore, LA (Name) (Mailing Address, including City & Zip Code)	
do declare that :	
1.	
That this disclosure statement is made pursuant to LSA-R.S. 42:1119B(2)(b) for the year b on January 1 st , $\underline{-2002}$. (Year)	eginning
2.	100 A
That I am a Chief Executive / Board Member / Commissioner (circle one) PRANKLIN PARISH (Name) and have served in this capacity since August 13, 1998 (Month) (Day) (Yeur)	of the authority
That my immediate family member, defined by LSA-R.S. 42:1102(13) as his children, the of children, his brothers, his sisters, the spouses of his brothers, the spouses of his sisters, his his spouse, and the parents of his spouse, is employed by the described Hospital Service I Public Trust Authority. The facts of such employment are as follows: Name of Immediate Family Member: James Bell	parents, District /
Relation of Immediate Family Member: Son Position: Radiology Tech Date employed (month, day, year): November 9, 1993	_
Applicable Exception (check all that apply): xx	niber or
Serving in public comployment continuously since April 1, 1980, the code of the Code of Governmental Ethics	affective
Hospital Service District / Public Trust Authority has a district population of 100,000 or less and the family member is employed as a licensed plor registered nurse.	
Signature, Chief Executive, Hospital Board Member or Con	. ceo missione

NOTE: Those disclosure statements are due by January 30th of each year that you have an immediate family member employed by the hospital service district or hospital public trust authority. This is so even if you filed one last year or at any other time during the year and the information you disclosed has not changed.

If a hospital service district or public trust authority board member or if a chief executive does not have any immediate family members employed by the hospital, then he is not required to file a disclosure statement,

l'ailure to timely submit a required disclosure statement will result in the imposition of an automatic late fee of \$50.00 per day, with a maximum penalty of \$1,500. IT IS THE RESPONSIBILITY OF EACH HOSPITAL SERVICE DISTRICT OR HOSPITAL PUBLIC TRUST AUTHORITY BOARD MEMBER OR CHIEFEXECUTIVE WHO HAS AN IMMEDIATE FAMILY MEMBER EMPLOYED TO SEE THAT THESE STATEMENTS ARE TIMELY FILED.